Use this form for general report and committee information, must be signed and submitted along with other detailed forms.									
	n to update information								
1. Committee Info	rmation							TO N	
	Anne Petree Stedman						C.	NDUY52	
Committee to Elect	Time Tonco Stodinar							ND0132	
and the second s	lude City, State and Zip Code)						d.	. Date Filed	
802 North Main Av								07/07/2015	
Newton, NC 2865	8							Phone Number	
							c.		
								828.465.0404	
2. Report Year	3. Period Start Date (mm/d	ld/yy)	4. Period (mm/dd/yy)	End Da	ite	5. Treasurer F	ull Nar	ne	
2015	2015 07/01/15					Anne Petree St	edman		
6. Type of Commit		9. Typ	e of Report	(c	heck on	ly one type of rep	ort from	n one category)	
Candidate Camp	= -	Munici			State/C		Re	eferendum	
PAC Independent	Referendum		Organizational			Organizational	1 -	Organizational	
Expenditure									
Legal Expense F 7. Type of Fund	(if applicable, check one)		Pre-primary		П	First	_	Final	
"Booster Fund"	(і) аррисавіє, спеск впе)	18	Pre-election		lH	Second	-	Supplemental Final	
Building Fund			Pre-runoff			Third		Annual	
			Semi-annual			Fourth		Special	
			Mid Year			Semi-annual			
Other:		lΗ	Year End	l.	님	Mid Year	10	0. Special Report Name	
8. Number of Fund	raisers this Report	H	Final Special		片,	Year End Final			
o. Number of Fund	1	ľ	эрсски			Special			
11. Account Inform	nation			11. Ac	count I	Information			
a. Financial Institution	Full Name			a. Fina	ncial Inst	itution Full Name			
FGFCU									
b. Purpose	c. Account Code			b. Purp	ose			c. Account Code	
Campain Fin.	AP								
	d. Period Begin Balance	e					-	d. Period Begin Balance	
	\$ 0							\$	
CERTIFICATION									
	nmittee or Fund is in compli								
	utes and that no funds are co I correct and that I have been						us. I Iu	rtner certify that this report	
Ann	e P. Stedman	rtiumeu		ruxd	7) 8	todova)		9.28.15	
	Printed Name of Signer		Si	gnature o	f Appoint	ted Treasurer		Date	
FOR OFFICE USE C	ONLY						Dali	war Mathad	
Date Received:	DECEIW		Employee:					Normal Mail	
Date Postmarke	d: SEP 2 8 201		Employee:			CATALON STATE OF THE STATE OF T	Ħ	Registered Mail Hand Delivered Electronically Filed	
Date Scanned:	D		Employee:					Signer has not received	
Date Data Entered: Employee: mandatory training									
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,									

Amendment

custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment Yes \boxtimes No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number		
Committee to Elect Anne Petree Stedman	35 Day Report		NDUY52		
Start of Election Cycle: January 1,	2015	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 0.00	\$		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ \(\times 310.00	\$ 310.00		
6) Contributions from Individuals	(CRO-1210)	\$ 1955.00	\$ 1955.00		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$	\$		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$.09	\$.09		
11b) Contributions from Not-for-Profit Organization	ons <i>(CRO-1250)</i>	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	, 11d and 11e)	\$ 2265.09	\$ 2265.09		
<u>EXPENDITURES</u>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 1352.16	\$ 1352.16		
13b) Contributions to Candidates/Political Committee	tees (CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$		
15) Loan Repayments	(CRO-1420)	\$	\$		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$		
17) In-Kind Contributions	(CRO-1510)	\$	\$		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$ 1352.16	\$ 1352.16		
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	ract line 18)	\$ 912.93	\$ 912.93		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaign	(CRO-1430)	\$			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$			
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$	\$		
26) Forgiven Loans	(CRO-1440)	\$	\$		
,	(CRO-2200)	\$	\$		
		\$	\$		
28) Contributions to be Refunded	(CRO-1215)	Ψ	Ψ		

Aggregated Contributions from Individuals

Page

Optional form used to report NC Contributions From Individuals of \$50 or less

Amendment 1 Yes \boxtimes No

Cor	nmittee to Elect	t Anne Petree St	nd if applicable)			2. I	D Num	ber
							N	DUY52
. C	ontributor Info							
. An	Add	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/	vvvv)	f. An	lount
5	Remove	APS	CHECK			5/2015	\$	10.00
]	Add	1.00					J	10.00
]_	Remove	APS	CHECK		08/06	5/2015	\$	20.00
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	Add	— APS CHECK 08/15/20						
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ota	al of ALL C	RO-1205 Pag	ges					
			nary Page CRO-1100)			\$	310.00	

Contr	ributions fro	om Individuals	j			Pg	_1 of	f 7	Amendmen Yes	_
Use this	form to report inc	dividual contributions	over \$5	0 or cont	ribution	s unde	er \$50 if form CF	RO 1205 is n	not used	, [A] 144
1. Com	mittee Full Name	e (and Fund if applica	able)					2. ID Nui		
Commit	ttee to Elect Anne	Petree Stedman							NDUY52	
	ributor Informat			Add		Ren	nove			
	ame, Mailing Address	& Phone		b. Job 7	Title/Profe	ession		d. Commen	ıts	
(include Albert G	e city, state, & zip)				1/0				7.00	
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	, NC 28658				voew Ho		ecific Field	4		
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	t 8 St. NC 28658		,		yer's Nam			-		
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Amendment

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	NC 28658				i Emporium		-		
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Contributions from Individuals

Amendment

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1 Com	form to report inc	dividual contributions (and Fund if application)	over \$5	0 or contribu	tions und	der \$50 if form CI			
			able)				2. ID Nu	mber	
Commit	tee to Elect Anne	Petree Stedman						NDUY5	52
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Bill Lutz				Insurance			1		
North Ashe Ave. Newton, NC 28658				c. Employer			4		
Newton,	NC 20036			Twin-City	insurano	ce	e. Election S	Sum to Data	
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Contributions from Individuals

Amendment

No

Contr	ibutions fro	m Individuals		Pg	4 of	7	Amendmen Yes	_
Use this:	form to report indi	vidual contributions	over \$5	0 or contributions unde			ot used	
1. Comm	nittee Full Name (and Fund if applica	ble)			2. ID Nun	nber	
Committe	ee to Elect Anne P	etree Stedman					NDUY52	
3. Contr	ibutor Informatio	on		Add Ren	nove			
a. Full Nar	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	ts	
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Tom War	rlick			Retired/Attorney				
P.O. Box	267			c. Employer's Name/Spe	ecific Field]		
Newton,	NC 28658			Tom Warlick, Atty.				
						e. Election S	um to Date	
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Lesa Will				Insurance Agent				
	ndresser Point			c. Employer's Name/Spe Twin City Insurance				
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	city, state, & zip)							
Jamie Tre				Director				
	n Main Ave.			c. Employer's Name/Spe				
Newton,	NC 28658			Hickory Furniture M	lart	e. Election S	um to Doto	
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\$

		ividual contributions	over \$5	Pg 50 or contributions und	_5 of	7	Yes	No No		
1. Com	nittee Full Name	(and Fund if applica	able)	O or contributions und	ler \$50 if form CR	2. ID Nun				
	tee to Elect Anne F					Z. III I WILL	NDUY52			
3. Contr	ributor Informatio	on		Add Rer	move					
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	ts			
	e city, state, & zip)									
Dot Hoa	0			Homemaker						
912 Vall	·			c. Employer's Name/Sp	pecific Field]				
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	NC 28658			c. Employer's Name/Spo Russell Stover Cano		-				
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Contributions from Individuals

Amendment

Contr	ibutions fror	n Individuals			Pg	6 of	7	Amendmen	t No
		vidual contributions of	ver \$50	or contri					
		and Fund if applical					2. ID Num		
Committe	ee to Elect Anne P	etree Stedman						NDUY52	
3. Contri	butor Informatio	n		Add	Rem	ove			
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	city, state, & zip)				1/0				
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	rrywood Dr. NC 28658				Farm Insuran				
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	NC 28658				e Eyecare	chic Field			
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Don Cam	pbell	to disconsistent and the second secon		Retired/Tennis Co	oach			
309 West	t 9 th St.			c. Employer's Name/S				
Newton,	NC 28658			Don Campbell EN				
					e. Election S	um to Date		
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(include city, state, & zip)

		m Individuals				Pg	_70	f 7	Amendme Ye	
Use this	form to report inc	dividual contributions	over \$5	0 or cont	tributio	ns und	er \$50 if form Cl	RO 1205 is 1	not used	, Z
1. Com	mittee Full Name	(and Fund if applica	able)					2. ID Nu		
Commit	tee to Elect Anne	Petree Stedman							NDUY52	
3. Conti	ributor Informat	ion		Add		Ren	nove			
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	city, state, & zip)									
Jane Kel					d /Inte			4		
	NC 28658				n Desig		ecific Field	4		
	20050			Tillia	ii Desiş	zu		e. Election	Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	: r. r	Vi- I D			I.a.	\$	300.00	
	APS		1. 111-1	Kind Desci	ription		j. Date (mm/dd/y		k. Amount	
	AFS	check	_				09/07/2	2015	\$	300.00
									\$	
									\$	
	ibutor Informati			Add		Rem	nove			
	ne, Mailing Address	& Phone		b. Job T	itle/Prof	ession		d. Commen	its	
Anne P.	city, state, & zip) Stedman			Innkee	nor					
	h Main Ave.				*	ame/Sne	ecific Field			
Newton,	NC 28658				rott Ho					
								e. Election	Sum to Date	
								\$	5.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descr	iption		j. Date (mm/dd/yy	уу)	k. Amount	***
	APS	debit card					07/07/2	015	\$	5.00
									\$	
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	butor Informatio			Add		Rem	ove			
	ne, Mailing Address &	& Phone		b. Job T	itle/Prof	ession		d. Commen	ts	
(include	city, state, & zip)									*
				c. Emplo	yer's Na	me/Spe	cific Field			
								e. Election S	Sum to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
									\$	
									\$	
		4							\$	
4. Total	only this Page							\$	1	305.00
5. Total	of ALL CRO-	-1210 Pages						_		

(This line must be on line 6 of Detailed Summary Page CRO-1100)

1955.00

\$

Amendment

Dispurseil			2	D ₀ 1	e # 🗆 v., 🖂 ,					
Use this form to	o report expenditure	s from the commit	ttee for; operating expen	Pg <u>1</u> on nses, contributions	of 4					
TOTAL PROPERTY OF THE PARTY OF	a coordinated party e	expenditures.	, ,	1505, 0011111111111111111111111111111111	to candidate/pontical					
1. Committee	Full Name (and Fu	nd if applicable)			2. ID Number					
	Elect Anne Petree St				NDUY52					
3. Type of Disb	The state of the s	ase use separate (CRO-1310 forms for ea		sement)					
	Expenses	Contributions to Car	andidates/Political Committee	es 🗌	Coordinated Party Expenditures					
4. Payee Inform			Add [Remove						
	iling Address & Phone		b. Coordinated Committee	tee Name	d. Comments					
(include city, state, Postmaster	, & zip)		4							
218 South Mair	n Ava		17.1.1.16							
Newton, NC 2			c. Level Registered (Spec							
11011.01., 1	8036		Federal State	County:						
			State	Municipality:	e. Election Sum to Date					
					\$ 49.00					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks					
APS	debit card	I	07/31/2015	\$49.00						
				Ψ12.00						
				\$						
4. Payee Inform			Add	Remove						
	ing Address & Phone	1	b. Coordinated Committee	ee Name	d. Comments					
(include city, state, & zip) Bottle Your Brand										
bottleyourbrand	ı.com	1	c. Level Registered (Speci	_						
		1	Federal	County:						
		1	State	Municipality:	e. Election Sum to Date					
		ļ	1		\$ 50.25					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks					
APS	debit card	В	08/09/2015 \$50.25		Printing					
		<u> </u>	00/07/2015	\$30.23						
	1			\$						
4. Payee Inform	ation		Add	Remove						
a. Full Name, Maili	ing Address & Phone	The same of the sa	b. Coordinated Committee		d. Comments					
(include city, state, d			ĺ							
Party City										
1942 Catawba V		a a	c. Level Registered (Specif	fy)						
Hickory, NC 28	3602	1	Federal	County:						
		1	State	Municipality:	e. Election Sum to Date					
			l		\$ 61.15					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks					
APS	debit card	С	08/18/2015	\$61.15	Party Rally					
		<u> </u>								
			Section 1	\$						
5. Total only this					\$ 160.40					
	CRO-1310 Pages	P CPO 1100								
	line 13a of Detailed Sum line 13b of Detailed Sum) if Operating Expenses)) if Contrib to Candidates/Pol		\$ 135216					
			if Contrib to Candidates/Pol if Coordinated Party Expend							
	es (List detailed exp			inures)						
A* - Media	B* - Printing	C* - Fundr		D - To Anot	ther Candidate					
E - Salaries	F* - Equipment	G - Political	al Party	H* - Holdin	ng Public Office Expenses					
I - Postage O* - Other	J - Penalties	K* - Office	Expenses	Q* - Donati	ion to Legal Expense Fund					
	datailed evalenati	on in required ren	marks Gold (k)							

Disbursements

Amendment

No

Disbursements

Amendment Yes

X

No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)

Committee to E	2. ID Number				
3. Type of Disb	NDUY52				
Operating E		ise use separate C	CRO-1310 forms for each		
4. Payee Inform			andidates/Political Committees		ordinated Party Expenditures
			Add	Remove	
	ling Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state, Lowes Foods	& zip)		1		
]
Store #254			c. Level Registered (Specify)	<u> </u>	
Hickory, NC 2	8601		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 49.61
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
APS	debit card	С	08/15/2015	\$49.61	Party Rally
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,		- /			u. Comments
4imprint	<u> </u>		1		
101 Commerce	Street	1	c. Level Registered (Specify)		1
Oshkosh, WI	ou ou		Federal	County:	1
Osinosii, vi			State		
			State L	Municipality:	e. Election Sum to Date
	1				\$ 199.97
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
APS	debit card	В	08/21/2015	\$199.97	bottle labels
				\$	
4. Payee Inform			Add	Remove	
a. Full Name, Mailir	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state, d	& zip)				
Observer News				1	
P.O. Box 48	•	ļ	c. Level Registered (Specify)		
Newton, NC 28	3658	ţ	Federal	County:	
and believe and a second secon			State	Municipality:	e. Election Sum to Date
		}		winicipanty.	e. Election Sum to Date
					\$ 625.00
f. Account Code	g. Form of Payment	b. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
APS	check	A	08/28/2015	\$625.00	Ads
				\$	
5. Total only this				TELL CVASCOTOLIS	\$ 874.58
	CRO-1310 Pages				
	line 13a of Detailed Sumi				n 126016
) if Contrib to Candidates/Politica		\$ 1352.16
			if Coordinated Party Expenditu		
	es (List detailed exp				Control of the State of the Sta
A* - Media	B* - Printing	C* - Fundr		D - To Another	r Candidate
E - Salaries	F* - Equipment	G - Politica			Public Office Expenses
I - Postage	J - Penalties	K* - Office			to Legal Expense Fund
O* - Other			and the second		
* Codes require	e detailed explanation	on in required re	marks field (k)	This is the second	

D	is	h	m	rs	en	ne	n	ts	
	10	v	u.	L D			-		

Amendment Yes

No

 \boxtimes

Disbursements Pg $\underline{3}$ of $\underline{4}$ \square Ye Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

ommittees and coordinated party expenditures.

	1. Committee Full Name (and Fund if applicable) 2. ID Number							
	lect Anne Petree Ste						NDUY 52	
3. Type of Disbu	ursement (Plea			0-1310 forms for each	typ			
Operating E	xpenses	Contributions to Car	ıdid	ates/Political Committees		L Coo	ordinated Party Expenditures	
4. Payee Inform	ation		Add Re			Remove		
a. Full Name, Maili	ng Address & Phone		b.	. Coordinated Committee !	Nam	16	d. Comments	
(include city, state,	& zip)							
Anne Petree Ste								
802 North Main	Ave.		c.	Level Registered (Specify)	7)			
Newton, NC 28	8658		Federal County:			County:		
			١Ē	State		Municipality:	e. Election Sum to Date	
							\$ 5.00	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks	
APS	Debit Card	Н				\$5.00	Filing Fee	
						\$		
4. Payee Inform	ation		A	Add		Remove		
	ng Address & Phone		b.	. Coordinated Committee !	Nam	ie	d. Comments	
(include city, state,								
Wallace Printing								
2032 Fairgrove			c.	Level Registered (Specify)	7)			
Newton, NC 28			Γ	Federal		County:		
			١Ē	State		Municipality:	e. Election Sum to Date	
							\$ 153.79	
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks	
APS	Debit Card	В				\$153.70	Signs	
					1	\$	***************************************	
4. Payee Inform	otion		Δ	Add		Remove		
		L L	b. Coordinated Committee Name				d. Comments	
	ng Address & Phone		-	. Cool umated Committee	11411		uv comments	
(include city, state,	& zip)		1					
Postmaster	A		c. Level Registered (Specify)					
218 South Main			Federal County:			County		
Newton, NC 28	8008			State		Municipality:	e. Election Sum to Date	
			屵			wuncipality.	c. Election Sum to Date	
							\$ 49.00	
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks	
APS	Debit Card	I				\$49.00		
						\$		
5. Total only th	is Page	3.7					\$ 207.79	
	CRO-1310 Pages							
(This line goes in line 13g of Detailed Summary Page CRO-1100 if Operating Expenses)								
			if Contrib to Candidates/Political Comm)		\$ 1352.16			
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)								
	es (List detailed ex							
A* - Media	B* - Printing	C* - Fund				D - To Anothe		
E - Salaries F* - Equipment G - Politic				Party		H* - Holding	Public Office Expenses	
I - Postage J - Penalties K* - Office							n to Legal Expense Fund	
O* - Other								
* Codes requir	e detailed explanati	ion in required re	em	arks field (k)				

Dis	hii	rce	m	nte	2
DIS	νu	126	ш	JII U	•

Amendment Yes

No

 \boxtimes

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)						2. ID Number	
	Elect Anne Petree Ste						NDUY52
3. Type of Disbu			CRO-1310 forms fo			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Operating E		Contributions to Car	andidates/Political Comm	nittees		oordinate	d Party Expenditures
4. Payee Inform	nation		Add		Remove		
a. Full Name, Maili	ing Address & Phone		b. Coordinated Con	amittee N	ame	d. Co	omments
(include city, state,	& zip)						
Leaders Comun			1		- <u></u>		
1080 Loblolly L	ane		c. Level Registered	(Specify)		7	
Newton, NC 28			Federal County:			٦ _	
			State		Municipality:	e. Ele	ection Sum to Date
						\$ 5	50.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	vyy)	j. Amount	k. Re	quired Remarks
	F. T. C.			330,	† 		ival Booth
APS	Check	О			\$50.00	-	vai Doom
		 	_		+	+	
					\$		
4. Payee Inform	action		Add		Remove		
	ing Address & Phone	the state of the s	b. Coordinated Com	amittee N		d. Co	mments
			D. COOL GIMBOOK	mittee	ame	u	Militaris
Office Depot	& zip)		4				
(-)	T)		Y Dogietered	(Caraify)		-	
1718 Hwy 70 SI			c. Level Registered (Specify		4	
Hickory, NC 28	3602		Federal	님	County:	File	
			State		Municipality:	e. Elec	ection Sum to Date
						\$ 5	59.39
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	/yyy)	j. Amount	k. Rec	quired Remarks
				130,			y Invite
APS	Debit Card	В			\$	-	111.112
				-	1.	+	
					\$		
4. Payee Inform	ation		Add		Remove		
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Name			d. Co	mments
(include city, state,							
		HARLES TO THE STATE OF THE STAT	1				
			c. Level Registered ((Specify)		7	
			Federal County:			7	
			State	\Box	Municipality:	e. Ele	ection Sum to Date
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	vvv)	j. Amount	k. Rec	quired Remarks
1.1100	6. 1 0			1337	T.		Int. vo A
	1				\$		
					+	+	
	ĺ	1			\$		
5. Total only thi	ic Dage					\$	109.39
	CRO-1310 Pages					Ψ	107.57
	line 13a of Detailed Sum	mary Page CRO-110	n if Operating Expense	ve)		4	
	line 13b of Detailed Sum				cal Comm)	\$	1352.16
, ,	line 13c of Detailed Sum		•				
	es (List detailed exp			жрен	ireaj		
A* - Media	B* - Printing	C* - Fund			D - To Anoth	er Cand	Edata
E - Salaries	F* - Equipment						Office Expenses
I - Postage	J - Penalties		ce Expenses				gal Expense Fund
O* - Other			•				5at mapener
* Codes require	e detailed explanati	ion in required re	emarks field (k)				